

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/037047

APPLICATION

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8	1					
9		1				
10		2				
11	0					
12		1				
13			0			
14			1			
15			1			
16			1			
17			1			
18			0			
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
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36			1			
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41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	2		2			
TOTAL DEP.	11	↓	9	↓	↓	↓
TOTAL CLAIMS	13		11			

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100				
TOTAL IND.				
TOTAL DEP.		↓		↓
TOTAL CLAIMS				↓